MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

420.1
1220

01994

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton - Md.
STREET ADDRESS (If rural, give location) Home for Aged Women

3. NAME OF DECEASED (Type or Print) (First) Mrs. Clara (Middle) V. (Last) Anderson -
4. DATE OF DEATH (Month) Feb. (Day) 20 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH 4-12-1867
9. AGE last birthday 81 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY HW
11. BIRTHPLACE (State or foreign country) Delaware
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Mr John H. Van Gesel
14. MOTHER'S MAIDEN NAME Mary M. Macklin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs Irene Harden

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac failure, due to coronary arterio-sclerosis ?

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) hiatus

(c) Esophageal hiatus hernia - with intestinal bleeding ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11 Feb, 1949, to 20 Feb, 1949, that I last saw the deceased alive on 20 Feb, 1949, and that death occurred at 7 45 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Thurston Harrison M.D. ADDRESS Easton Maryland DATE SIGNED 22 Feb 49

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) Burial
DATE 2/22/49
NAME OF CEMETERY OR CREMATORY Denton Md
LOCATION (City, town, or county) Denton (State) Md

DATE REC'D BY LOCAL REG. 2/21/49
REGISTRAR'S SIGNATURE N. H. Nerrie
24. FUNERAL DIRECTOR Maurice E. Newnam & Son ADDRESS Easton Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
FEB 28 1949
BUREAU V. S.

Baker

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01995

760.5

CERTIFICATE OF DEATH 160a

Reg. Diat. No. 290

1. PLACE OF DEATH:
County Talbot
City or town Easton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 6 hrs 5-8 Mins
Hospital, institution, or street address where death occurred:
Memorial Hospital
How long in hospital or institution? 6 hrs 5-8 Mins

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Caroline
City or town Denton
(If outside city or town limits, write RURAL and give nearest town)
Street No. South 2nd Street
(If rural, give LOCATION)
2.(a) If veteran, name war —

3.(a) FULL NAME (Twin #1) ~~Baby Girl~~ Blades, Margaret Ann

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6.(b) Name of husband or wife

6.(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) 2/4/49

8. AGE: Years | Months | Days | If less than one day: 6 hrs. 5-8 min.

9. Birthplace Easton, Talbot Maryland
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Frances Harrison Blades
13. Birthplace Queen Anne Md.

MOTHER
14. Maiden name Shirley Marguerite Reed
15. Birthplace Denton

18. Informant Shirley Marguerite Blades
Address Denton, Md.

17. Cremation (Burial, cremation, or removal. Which?) Date thereof 2/5/49 (month) (day) (year)

Cemetery or crematory Memorial Hospital

Location Easton Md.

18. Funeral director Memorial Hospital
Address Easton Md.

19. 2/5 19 49 M. A. Meeres Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 4 19 49, at 7 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__
and that I last saw her alive on Feb 4, 1949 19__

Immediate cause of death	DURATION
Intracranial Hemorrhage	
Due to	
Due to Prematurity 1250 Grams	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ____ Date of op. ____

Autopsy results On above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE J. Tyler Baker M.D.
M. D. or other

Address Easton Date signed 2-7-49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 11 1949
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

751 / 157b 01996

Reg. Dist. No. 290

1. PLACE OF DEATH

County: Talbot

City or town: Caston, Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 25 Min

Hospital, institution, or street address where death occurred: Memorial Hospital

How long in hospital or institution? 25 Min

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Caroline

City or town: Denton

(If outside city or town limits, write RURAL and give nearest town)

Street No. South 7th Street

(If rural, give LOCATION)

2.(a) If veteran, name war:

3. (a) FULL NAME ~~Baby Boy~~ (Twin #2) Blades, William Reed

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife:

B.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) Feb- 4 1949

8. AGE: Years	Months	Days	If less than one day
			hrs. 22 min.

9. Birthplace: Caston, Talbot, Md.

(Town, county, and state)

10. Usual occupation:

11. Industry or business:

FATHER — 12. Name: Francis Harrison Blades

13. Birthplace: Queen Anne, Md.

MOTHER — 14. Maiden name: Shirley Marguerite Reed

15. Birthplace: Denton

16. Informant: Shirley Marguerite Blades

Address: Denton, Md

17. Cremation (Burial, cremation, or removal. Which?) Date thereof 2/5/49 (month) (day) (year)

Cemetery or crematory: Memorial Hospital

Location: Easton Md.

18. Funeral director: Memorial Hospital

Address: Easton Md.

19. 2/5 19 49 (Date rec'd by registrar) M. L. Merrey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 4 19 49, at 2 40 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb- 3 19 49, to 19

and that I last saw him alive on Feb 4, 1949 19

Immediate cause of death	DURATION
Spina bifida	
Due to	
Due to	
Other conditions: Prematurity 2'6" (1090 Grams)	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results: As above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: J. Tyler Baker M.D.

M. D. or other

Address: Easton Date signed 2-7-49

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
FEB 11 1949
BUREAU V. S.

01997

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

490
108

Reg. Dist. No. 290

1. PLACE OF DEATH · COUNTY Talbot Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton Md
LENGTH OF STAY (in this place) 1 hr
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Md COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Preston Maryland
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Hanny HOWARD (Last) Butler, Jr.

4. DATE OF DEATH (Month) Feb (Day) 24 (Year) 1949

5. SEX Male

6. COLOR OR RACE B

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SH

8. DATE OF BIRTH Aug 14, 1948

9. AGE last birthday ~~6 mo~~ If under Months 6 1 year Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Preston Md, Caroline Co.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME William Harry Jones

14. MOTHER'S MAIDEN NAME Elsie Emily (Pratt) BUTLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Elsie Butler

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Lobar Pneumonia — 3 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) None

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) None m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/23, 1949, to February 24, 1949, that I last saw the deceased alive on 2/24, 1949, and that death occurred at 3:50 m., from the causes and on the date stated above.

SIGNATURE Lucy B Plummer (Degree or title) MD ADDRESS Preston DATE SIGNED 3/1/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 2/26/49 NAME OF CEMETERY OR CREMATORY Jonestown LOCATION (City, town, or county) Preston RD (State) Md

DATE REC'D BY LOCAL REG. 2/24/49 REGISTRAR'S SIGNATURE N. H. Nerrus

24. FUNERAL DIRECTOR J. J. Frampton and Son, Federalsburg, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 8 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore 420.1 01998

CERTIFICATE OF DEATH 94a Reg. Dist. No. 29

1. PLACE OF DEATH
COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS E. Washington St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural give location) S. Washington Street

3. NAME OF DECEASED (Type or Print) (First) Estella (Middle) S. (Last) Carroll
4. DATE OF DEATH (Month) Feb. (Day) 9. (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Mar. 8 1899
9. AGE last birthday 49 yrs.
If under 1 year: Months 11 Days 1
If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY House Wife
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Viator N. Stradley
14. MOTHER'S MAIDEN NAME Anna B. Stradley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT W. Frampton Carroll.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis.	hours.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Essential Hypertension	yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1 1949, to 2-9 1949, that I last saw the deceased alive on 2-9 1949, and that death occurred at 5:20 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Martin F Buell M.D. 40 S Wash. Easton Md 2-10-49.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE 7-Feb-12-49
NAME OF CEMETERY OR CREMATORY Spring Hill Cemetery
LOCATION (City, town, or county) (State) Easton, Maryland.

DATE REC'D BY LOCAL REG. 2/11/49
REGISTRAR'S SIGNATURE W. H. Peters
24. FUNERAL DIRECTOR ADDRESS John D. Williams, Easton, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
FEB 15 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

420.1 01999

CERTIFICATE OF DEATH

94a Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oxford
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Christopher (Middle) Paul (Last) Cox
4. DATE OF DEATH (Month) Feb (Day) 16 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Dec 4-1882
9. AGE last birthday 66 yrs. If under 1 year: Months 7 Days 12 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Refined Oil Product, Dist.
10b. KIND OF BUSINESS OR INDUSTRY Oil Products
11. BIRTHPLACE (State or foreign country) St Paul, Minn.
12. CITIZEN OF WHAT COUNTRY? W.S.A.

13. FATHER'S NAME C George Cox
14. MOTHER'S MAIDEN NAME Carrie R. Ducan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) Spanish American War
16. SOCIAL SECURITY NO. 163-03-4088
17. INFORMANT Robert E. Cox

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary thrombosis due to

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) coronary arteriosclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH: 3-4 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr, 1946, to 16 Feb, 1949, that I last saw the deceased alive on 15 Feb, 1949, and that death occurred at 9:30 P m., from the causes and on the date stated above.

SIGNATURE Thurston Harrison (Degree or title) M.D. ADDRESS Easton Maryland DATE SIGNED 17 Feb 49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Feb 19-49
NAME OF CEMETERY OR CREMATORY Oxford Cemetery
LOCATION (City, town, or county) Oxford (State) Md.

DATE REC'D BY LOCAL REG. 2/19/49
REGISTRAR'S SIGNATURE N. H. Reeves
24. FUNERAL DIRECTOR John H. Williams ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 28 1949
BUREAU V. S.

02000

825.5

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

170c Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) DOA
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Delaware COUNTY Sussex
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dagsboro
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Handy (Middle) (Last) Derrickson
4. DATE OF DEATH (Month) Feb (Day) 5 (Year) 1949
5. SEX M
6. COLOR OR RACE W
7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify)
8. DATE OF BIRTH 8-29-1906
9. AGE last birthday 42 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Delaware
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John Derrickson
14. MOTHER'S MAIDEN NAME Nellie Banks
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Wm H. Derrickson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Multiple injuries

Antecedent cause(s) (b) Automobile accident

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

INTERVAL BETWEEN ONSET AND DEATH: ? 1 hour

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hi-way
(CITY OR TOWN) nr. Federalsburg (COUNTY) Caroline (STATE) Md
TIME OF INJURY (Month) 2 (Day) 5 (Year) 49 (Hour) 11P m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? Auto accident

22. I hereby certify ~~that I attended the deceased from~~....., 19....., to....., 19....., ~~that I last saw the deceased~~ alive on....., 19....., and that death occurred at c 12 m., from the causes and on the date stated above.

SIGNATURE Louis J Kelly M.D. (Degree or title) Mes
ADDRESS Easton Md
DATE SIGNED 2-6-49

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE 2-6-49
NAME OF CEMETERY OR CREMATORY Clarksville Del
LOCATION (City, town, or county) Clarksville (State) Del.

DATE REC'D BY LOCAL REG. 2/6/49
REGISTRAR'S SIGNATURE N.H. Neerus
24. FUNERAL DIRECTOR H.H. Watson
ADDRESS Pocomoke City Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 11 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CB 929.0 02001

CERTIFICATE OF DEATH

183 Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Cordova
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New York COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Staten Island
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Robert (Middle) (Last) Edwards
4. DATE OF DEATH (Month) 2 (Day) 8 (Year) 1949
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED~~, (Specify)
8. DATE OF BIRTH 7-6-45
9. AGE last birthday 3 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) N.Y.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Herbert R. Edwards (va)
14. MOTHER'S MAIDEN NAME Wanda Sabowski (N.Y.)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. H.R. Edwards

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Accidental drowning — Immed.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) home
(CITY OR TOWN) nr Cordova (COUNTY) Talbot (STATE) Md
TIME OF INJURY (Month) 2 (Day) 8 (Year) 49 (Hour) c 950A m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? accidental drowning in septic tank hole

22. I hereby certify that I attended ~~the deceased from~~ ....., 19....., to ....., 19....., ~~that I last saw the deceased alive on~~ ....., 19....., and that death occurred at c 950A m., from the causes and on the date stated above.

SIGNATURE Louis J. Nethy M.D. (Degree or title) DME. ADDRESS Easton Md. DATE SIGNED 2-8-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 2/11/49
NAME OF CEMETERY OR CREMATORY New Brighton, NY
LOCATION (City, town, or county) Staten Island (State) N.Y.
DATE REC'D BY LOCAL REG. 2/8/49
REGISTRAR'S SIGNATURE N.A. Neirus
24. FUNERAL DIRECTOR Maurie E. Newnam + Son-Easton Md. ADDRESS

RECEIVED
FEB 11 1949
BUREAU V. S.

EVIDENCE FOR ADDITIONAL INFO. IN # 18 IS ON:

02002

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

Mail No. G 120 MAY 4 1949

1. PLACE OF DEATH: COUNTY Talbot County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton, Md.
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY ~~Talbot~~ Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Preston
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) ~~Baby Girl~~ Engle

4. DATE OF DEATH (Month) (Day) (Year) Feb. 12 1949

5. SEX F
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 2/8/49
9. AGE last birthday yrs. If under 1 year Months. Days 4 do. If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Mennonite Hosp Easton Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Wilbur Engle
14. MOTHER'S MAIDEN NAME Ethel D. Lindas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Ethel Engle

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Infection - Septicemia — INTERVAL BETWEEN ONSET AND DEATH 5 hrs.

768.5 Antecedent cause(s) (a)

159 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prematurity, Liver Damage

(c) Tetany of Newborn

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. (Not due to birth injury)

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-8, 1949, to 2-11, 1949, that I last saw the deceased alive on 2-11, 1949, and that death occurred at 6 10 A. m., from the causes and on the date stated above.

SIGNATURE John E. Baybutt (Degree or title) M.D. ADDRESS Easton Md. DATE SIGNED 2/14/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 2/14/49
NAME OF CEMETERY OR CREMATORY Lunchester
LOCATION (City, town, or county) Preston R1 (State) Md

DATE REC'D BY LOCAL REG. 2/12/49
REGISTRAR'S SIGNATURE N.H. Neeries
24. FUNERAL DIRECTOR Maurice E. Newnam & Son ADDRESS Easton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 22 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

420.1 94a 02003

Reg. Dist. No. 290

1. PLACE OF DEATH: Memorial Hosp
COUNTY Talbot Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 57 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marydel
STREET ADDRESS (If rural give location) ✓

3. NAME OF DECEASED (Type or Print) (First) Viola (Middle) M. (Last) Ford.

4. DATE OF DEATH (Month) Feb (Day) 6 (Year) 1949.

5. SEX Female.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH 6-19-89
9. AGE last birthday 59 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY H.W.
11. BIRTHPLACE (State or foreign country) Delaware
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Robert P. Moore
14. MOTHER'S MAIDEN NAME Emma Hitch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mr Otis L. Ford

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac failure due to myocardial infarction

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary arterio sclerosis — 3 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12 Dec, 1948, to 6 Feb, 1949, that I last saw the deceased alive on 6 Feb, 1949, and that death occurred at 11 25 A.m., from the causes and on the date stated above.

SIGNATURE Thurston Harrison (Degree or title) M.D. ADDRESS Carlton Maryland DATE SIGNED 6 Feb 49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 2/9/49
NAME OF CEMETERY OR CREMATORY Templeville
LOCATION (City, town, or county) Templeville (State) Md.

DATE REC'D BY LOCAL REG. 2/8/49
REGISTRAR'S SIGNATURE N.H. Neerus
24. FUNERAL DIRECTOR Raymond B. Rawlings ADDRESS Greensboro Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 11 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

776 02004

CERTIFICATE OF DEATH 159

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton Md. — LENGTH OF STAY (In this place) 12 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Preston - Rural
STREET ADDRESS (If rural, give location) Preston - Choptank Road

3. NAME OF DECEASED (Type or Print): (First) LESTER (Middle) EDWARD JUNIOR (Last) George.

4. DATE OF DEATH: (Month) Feb. (Day) 7 (Year) 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
M.	B.	Single	Feb. 7, 1949.	— yrs.			12	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Infant	—	Easton, Maryland	U.S.a.

13. FATHER'S NAME: Lester George
14. MOTHER'S MAIDEN NAME: Frankie May Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	None	Lester George

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Prem. Infty	12 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) —	
	(c) —	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	None	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
No	In			

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
In			m.		

22. I hereby certify that I attended the deceased from 2/1, 1949, to 2/6, 1949, that I last saw the deceased alive on 2/7, 1949, and that death occurred at 3 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Lewis B. Timmons	M.D.	Preston	Maryland.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb. 9, 1949	Federal Hill Cemetery	Fredericksburg, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/8/49	N. H. Norris	J. J. Frampton & Son,	Fredericksburg, Md.

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FEB 15 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

443 93d

02005

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newcomb Md
LENGTH OF STAY (in this place) 45 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newcomb, Md.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Gertrude (Middle) M. (Last) Hall

4. DATE OF DEATH (Month) 2 (Day) 3 (Year) 1949

5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH Oct 14, 1883
9. AGE last birthday 65 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Talbot Co. Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Mulikin
14. MOTHER'S MAIDEN NAME Mary Tarrimore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) ✓
16. SOCIAL SECURITY NO. none
17. INFORMANT Arthur G. Hall, Newcomb Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Internal hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 10 mins

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive C-V disease — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I ~~attended the deceased from~~ ....., 19....., to ....., 19....., ~~that I last saw the deceased alive on~~ ....., 19....., and that death occurred at c 6P m., from the causes and on the date stated above.

SIGNATURE Laura A. Wiley MD (Degree or title) Tme ADDRESS Easton Md DATE SIGNED 2-4-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 2/7/49
NAME OF CEMETERY OR CREMATORY Springhill Cemetery
LOCATION (City, town, or county) Easton (State) Maryland

DATE REC'D BY LOCAL REG. Feb 5, 49
REGISTRAR'S SIGNATURE Mrs Robert L. Seth
24. FUNERAL DIRECTOR Newnam & Harrison, ADDRESS St Michaels Md

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FEB 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02006

956.0

CERTIFICATE OF DEATH 932 Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot; CITY OR TOWN Easton; LENGTH OF STAY (in this place) 11 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital; MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Caroline; CITY OR TOWN Preston, Md.; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) B. (Last) Harrison.

4. DATE OF DEATH: (Month) Feb (Day) 8 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Jan 25, 1869

9. AGE last birthday: 80 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lawyer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Caroline County

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Mr Joseph Harrison

14. MOTHER'S MAIDEN NAME: Maggie Hobbs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Mrs Harry Hollis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary embolism

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pelvic Thrombophlebitis, secondary to cold — 4-5 days

(c) cerebral

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic heart disease — ?

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-28, 1949, to 2/8, 1949, that I last saw the deceased alive on 2/8, 1949, and that death occurred at 11 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Winston Harrison M.D. Easton Maryland 9 Feb 49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 2/10/49

NAME OF CEMETERY OR CREMATORY: Preston

LOCATION (City, town, or county) (State): Preston Md

DATE REC'D BY LOCAL REG. 2/9/49

REGISTRAR'S SIGNATURE: M.H. Reeves

24. FUNERAL DIRECTOR: Henry M. Hollis ADDRESS: Preston, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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FEB 15 1949
BUREAU V. S.

02007

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore 502.1 1065

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Trappe | LENGTH OF STAY (In this place) 20 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Trappe
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) William (Middle) M. (Last) Killen

4. DATE OF DEATH: (Month) 2 (Day) 8 (Year) 1949

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: Apr. 16, 1862 | 9. AGE last birthday: 86 yrs. | If under 1 year: Months 9 Days 20 | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Blacksmith | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Delaware | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Peter L. Killen | 14. MOTHER'S MAIDEN NAME: Ann Cook

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO.: none | 17. INFORMANT: Mrs. Elizabeth P. Adams

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary edema — 10 min.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Chronic Bronchitis — years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-5, 1949, to 2-8, 1949, that I last saw the deceased alive on 2-8, 1949, and that death occurred at 10:00 a.m., from the causes and on the date stated above.

SIGNATURE: W D Buell | (Degree or title): MD | ADDRESS: Easton Md | DATE SIGNED: 2-9-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: 2/10/49 | NAME OF CEMETERY OR CREMATORY: Riverview | LOCATION (City, town, or county) (State): Wilmington Del.

DATE REC'D BY LOCAL REG.: 2/9/49 | REGISTRAR'S SIGNATURE: Nat. Nevett | 24. FUNERAL DIRECTOR: Maurice E. Dunning | ADDRESS: Easton

Coroner notified & orders sim entered first 5 days evidence of [illegible] Md.

RECEIVED
FEB 15 1949
BUREAU V. S.

Dr. Wells
2008

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore 177 51

CERTIFICATE OF DEATH

Reg. Dist. No. 291

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St Michaels
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Michaels
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Charles	Edward	Kirby	Feb.	18	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
male	colored	widower	Jan 27 1865	84 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer		St. Michaels	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Horace B. Kirby	Sarah Jenkins, Talbot Co. Md

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Elizabeth A. Kirby Thomas. St. Michaels.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma of the prostate Gland	1-2 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Same	
	(c) Age	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from April, 1947, to Feb 18, 1949, that I last saw the deceased alive on Feb 18, 1949, and that death occurred at 7 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Maynard T. Mahr M.D. ADDRESS Easton, Md. DATE SIGNED 2/19/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Feb 21, 1949	Colored Cemetery	St. Michaels.	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb 20, 49	Mrs Robt R Selby	Newnam & Harrison	St. Michaels. Md.

VS. A15

RECEIVED
FEB 22 1949
BUREAU V. B.

1/10

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

450.0 02009

CERTIFICATE OF DEATH

1310 Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot County MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Talbot County COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton, Md. — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tilghman, Maryland
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Memorial Hospital	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Mr. Lewis (Middle) Kranz (Last)

4. DATE OF DEATH (Month) February (Day) 11 (Year) 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months.	Days	If under 24 hrs. Hours	Min.
Male	White	Married	4-9-1863	85 yrs.			21	10

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Mr Peter Kranz

14. MOTHER'S MAIDEN NAME Elizabeth Werner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO. 7

17. INFORMANT Mrs Mary Kranz

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Nephrosclerosis — 2 yrs

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis, generalized — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/10/, 1949, to 2/11/, 1949, that I last saw the deceased alive on 2-11-, 1949, and that death occurred at 4 10 p m., from the causes and on the date stated above.

SIGNATURE: B Cox — (Degree or title): M D — ADDRESS: Easton Md — DATE SIGNED: 2-14-49

23. BURIAL, CREMATION REMOVAL (Specify): Cremation — DATE: 2/12/49 — NAME OF CEMETERY OR CREMATORY: Baltimore — LOCATION (City, town, or county): Baltimore (State): Md

DATE REC'D BY LOCAL REG.: 2/11/49 — REGISTRAR'S SIGNATURE: N. A. Nerrew — 24. FUNERAL DIRECTOR: J Leed Moore — ADDRESS: Tilghman Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 22 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

443 1860 02010

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Easton Talbot Md MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton Md — LENGTH OF STAY (in this place) 40 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home of the Ages Easton Md	STREET ADDRESS (If rural give location) North & Higgins St.

3. NAME OF DECEASED (Type or Print) (First) Laura (Middle) (Last) Mason			4. DATE OF DEATH (Month) Feb. (Day) 4 (Year) 1949	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH April 10, 1862	9. AGE last birthday 86 yrs. If under 1 year Months 9 Days 25 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Hillsboro Md Caroline Co.	12. CITIZEN OF WHAT COUNTRY? American	
13. FATHER'S NAME Andrew Theodore Mason Queen Anne		14. MOTHER'S MAIDEN NAME Mary C. Benson Royal Oak Md.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Irene Hardin, Supt.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac failure - due hypertensive arteriosclerotic (?) cardiovascular disease with auricular fibrillation -

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Cerebral embolism — 7 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Laceration of face due to a fall down stairs 14 Jan 49

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) Jan (Day) 14 (Year) 1949 (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? Fell down stairs

22. I hereby certify that I attended the deceased from 14 Jan, 1949, to 4 Feb, 1949, that I last saw the deceased alive on 4 Feb, 1949, and that death occurred at 1:30 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Thurston Harrison	M.D.	Easton Maryland	5 Feb 49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Feb. 6, 1949	NAME OF CEMETERY OR CREMATORY Hillsboro Cemetery Md.	LOCATION (City, town, or county) (State) Hillsboro, Md
DATE REC'D BY LOCAL REG. 2/6/49	REGISTRAR'S SIGNATURE N. H. Neerus	24. FUNERAL DIRECTOR Earle Stafford	ADDRESS Easton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 11 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02011

CERTIFICATE OF DEATH

260 61

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
MARYLAND
LENGTH OF STAY (in this place) 4 hrs. 40 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bozman Rte
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) CLARENCE (Middle) A. (Last) McQuay

4. DATE OF DEATH (Month) 2 (Day) 27 (Year) 19 49

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 10/8/88

9. AGE last birthday 60 yrs. If under 1 year: Months, Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waterman

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Bozman Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Mr John Mc. Quay

14. MOTHER'S MAIDEN NAME Sarah A. Cooper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT Mrs Mollie Mc Quay

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Diabetic Coma + Esophageal Hemorrhage	24 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cirrhosis of liver	?
	(c) Diabetes	10 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/25, 1949, to 2/27, 1949, that I last saw the deceased alive on 2/27, 1949, and that death occurred at 8:40 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J.T.B. Ambler ADDRESS Easton, Md. DATE SIGNED 2/28/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 3/2/49 NAME OF CEMETERY OR CREMATORY Bozman Cemetery LOCATION (City, town, or county) Bozman, (State) Md

DATE REC'D BY LOCAL REG. 2/28/49 REGISTRAR'S SIGNATURE N.H. Nevins

24. FUNERAL DIRECTOR Newnam & Harrison ADDRESS

RECEIVED
MAR 8 1949
BUREAU V. S.

02012

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

141
45b

CERTIFICATE OF DEATH

Reg. Dist. No. 2 91

1. PLACE OF DEATH:

County Talbot

City or town St. Michaels, Maryland.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Lifetime

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Talbot

City or town St. Michaels, Maryland.
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME CHARLES HENRY MILLER

3.(b) Social Security Number 212-09-8985

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Widower

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 20, 1874

8. AGE: Years	Months	Days	If less than one day
74	11	20	hrs. min.

9. Birthplace St. Michaels, Maryland.
(Town, county, and state)

10. Usual occupation Laborer.

11. Industry or business

FATHER
12. Name Andrew Miller.
13. Birthplace Unknown.

MOTHER
14. Maiden name Unknown.
15. Birthplace Unknown.

16. Informant Lena Nichols.
Address St. Michaels, Maryland.

17. Burial. Date thereof Feb. 13, 1949.
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Michaels Colored.

Location St. Michaels, Maryland.

18. Funeral director Norman D. Marshall,
Address St. Michaels, Maryland.

19. Feb. 12 1949 Mrs Robt L. Seeh
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH FEBRUARY 10 1949 at 12:01 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from D.O.A. 19 , to 19

and that I last saw h alive on D.O.A. 19

Immediate cause of death	DURATION
Cerebral Hemorrhage (history)	1 hr
Due to Hypertensive Cardiovascular Renal Disease (history)	yrs.
Due to Generalized Arteriosclerosis	yrs.
Other conditions Carcinoma Tongue (history) Cachexia	? ?

(Include pregnancy within 3 months of death)

Major findings of operations X Ray Therapy - Johns Hopkins Hospital (Oper. ?) Date of op. JAN. 27, 1949

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Arthur V. Michallane M.D. M. D. or other

Address St. Michaels, Maryland Date signed 2-10-49

VS A15 (T) MARGIN RESERVED FOR BINDING (I)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 15 1949
BUREAU V. S.

02013

EVIDENCE FOR CHANGE OF AGE + BIRTH DATE IS ON;
FILM No. G 119 FEB 17 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

332
61

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 days

Hospital, institution, or street address where death occurred:
Easton Memorial Hospital

How long in hospital or institution? 10 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Federalsburg
(If outside city or town limits, write RURAL and give nearest town)

Street No. Rural #1
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME
Michael Miller

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) ~~July 14, 1903~~ APPROX. 1884

8. AGE: Years ~~46~~ 65 | Months | Days | It less than one day ..... hrs. ..... min.

APPROX.

9. Birthplace Virginia
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name John Miller
13. Birthplace Virginia

MOTHER
14. Maiden name Catherine Emanuel
15. Birthplace Virginia

16. Informant Mr. Medford Coulbourne
Address Federalsburg, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2/8/49 (month) (day) (year)

Cemetery or crematory Hill crest

Location Federalsburg Md

18. Funeral director C.W. Adams-H.A.S.
Address Federalsburg, Md.

19. 2/6 1949 / N.H. Neeres
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-5-49 1949 at 6 10/P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1/27 1949, to 5 Feb 1949
and that I last saw him alive on 5 Feb 49 19

Immediate cause of death
Cerebral hemorrhage

Due to Cerebral arteriosclerosis

Due to

Other conditions Diabetes mellitus

(Include pregnancy within 3 months of death)

DURATION
10 days

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Thurston Harrison M.D.
M. D. or other

Address Easton Maryland Date signed 7 Feb 49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1949
65
1884

RECEIVED
FEB 11 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

420.0 93d

02614

CERTIFICATE OF DEATH

Reg. Dist. No. 294

1. PLACE OF DEATH: COUNTY Talbot; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tilghman; LENGTH OF STAY (In this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tilghman; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Samuel (Middle) A. H (Last) Phillips

4. DATE OF DEATH: (Month) Feb (Day) 11 (Year) 1949

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Feb 1 1885

9. AGE last birthday: 64 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tide water Pilot

10b. KIND OF BUSINESS OR INDUSTRY: Inspector

11. BIRTHPLACE (State or foreign country): Tilghman Md

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Charles F. Phillips Talbot Co. Md

14. MOTHER'S MAIDEN NAME: Gertrude S. Wood Talbot Co. Md

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

16. (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mrs Samuel A. H. Phillips

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Dilatation of Heart — Interval between onset and death: 2 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerotic Heart Embolism

(c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED White at Work ☐ Not White At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19.47, to Feb 11, 19.49, that I last saw the deceased alive on Feb 10, 19.49, and that death occurred at 6.30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Jerym Reese M.D. ADDRESS Tilghman Md DATE SIGNED 2/13/49

23. BURIAL, CREMATION, REMOVAL (Specify): burial

DATE: 2/13/49

NAME OF CEMETERY OR CREMATORY: Tilghman M.E. Church

LOCATION (City, town, or county) (State): Tilghman Md

DATE REC'D BY LOCAL REG. 2/13/49

REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR ADDRESS: Newnam & Harrison St Michaels, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 24 1949
BUREAU V. S.

Stevens 02015

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

420.1

CERTIFICATE OF DEATH

94a Reg. Dist. No. 290

1. PLACE OF DEATH · COUNTY Talbot MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Md COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton — LENGTH OF STAY (in this place) all of life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
HOSPITAL OR INSTITUTION OR STREET ADDRESS 328 E. Dover St.	STREET ADDRESS (If rural give location) 328 E. Dover St.

3. NAME OF DECEASED (Type or Print) (First) Virginia (Middle) (Last) Robson			4. DATE OF DEATH (Month) Feb. (Day) 3 (Year) 1949		
5. SEX Female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Jan. 18, 1855	9. AGE last birthday 94 yrs.	If under 1 year Months / Days 16 / If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Joseph Spry Robson			14. MOTHER'S MAIDEN NAME Sarah Elizabeth Massey		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)		16. SOCIAL SECURITY NO. None	17. INFORMANT Miss Ella Robson		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — same day

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. no

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Feb 3, 1949, to Feb 3, 1949, that I last saw the deceased alive on Feb 3, 1949, and that death occurred at 3 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) A. McC. Stevens — ADDRESS M. D. Easton Md — DATE SIGNED 2-4-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 2/5/49	NAME OF CEMETERY OR CREMATORY Spring Hill	LOCATION (City, town, or county) (State) Easton - Talbot - Md
DATE REC'D BY LOCAL REG. 2/4/49	REGISTRAR'S SIGNATURE Spring Hill N. H. Nevins	24. FUNERAL DIRECTOR MAURICE E. NEWNAM & SON	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

02016

2411 N. Charles Street, Baltimore 260

CERTIFICATE OF DEATH 61

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cordova Md | LENGTH OF STAY (In this place) 50
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Cordova Md COUNTY Talbot.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cordova, Maryland.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Edmon (Last) Roe.

4. DATE OF DEATH: (Month) Feb. (Day) 8, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 10, 1871

9. AGE last birthday: 77 yrs. | If under 1 year: Months 3m | Days 28 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (State or foreign country): Cordova Talbot Co. Md.

12. CITIZEN OF WHAT COUNTRY? American

13. FATHER'S NAME: John W. P. Roe

14. MOTHER'S MAIDEN NAME: Mary E. Whitby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Thomas Roe. Cordova Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerosis

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diabetes mellitus

(c)

INTERVAL BETWEEN ONSET AND DEATH: Chronic

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1941, to Feb. 8, 1949, that I last saw the deceased alive on Feb. 8, 1949, and that death occurred at 10 A.m., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED
Kent Lederer | M.D. | Queen Anne Md | 2/9/49

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) Burial | DATE Feb 11, 1949 | NAME OF CEMETERY OR CREMATORY Easton Hill Cemetery | LOCATION (City, town, or county) Easton Talbot | (State) Md.

DATE REC'D BY LOCAL REG. 2/8/49 | REGISTRAR'S SIGNATURE V. M. Perkins | 24. FUNERAL DIRECTOR Earle Stafford | ADDRESS Easton Md.

VS. A15

RECEIVED
FEB 15 1949
BUREAU V. S.

02017

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore 919.9

CERTIFICATE OF DEATH 184 Reg. Dist. No. 294

1. PLACE OF DEATH
COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Wittman, Md.
LENGTH OF STAY (in this place): 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Wittman, Md.
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ROBERT	WATTS	SCHELLS	Feb	26	19 49

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	Single	Apr. 10, 1938	10 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Talbot Co., Md.	USA

13. FATHER'S NAME: Robert F. Schells
14. MOTHER'S MAIDEN NAME: Selma Watts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	No	None	J. Edward Schells, Wittman, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Gun shot wound of head.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) none - noted

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
Accident		Wittman	Talbot	Md.

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED White at Work ☐ Not White At work ☒	HOW DID INJURY OCCUR?
Feb	26	49	12.00 m.		Gun shot wound of head

22. I hereby certify that I attended the deceased from 26 Feb, 1949, to 26 Feb 49, that I last saw the deceased alive on ....., 19....., and that death occurred at 12 Noon m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Howard R. Kinnamon	M.D.	Easton, Md.	27 Feb 49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb 28, 1949	Olivet Cemetery	St. Michaels, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb 27-49	G. Medley Lowell	Newnam & Harrison, St. Michaels Md	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS: A15

RECEIVED
MAR 9 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02018

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH
COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton | MARYLAND | LENGTH OF STAY (In this place) 8 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural give location) Glenwood 246 ave.

3. NAME OF DECEASED (Type or Print) (First) Robert (Middle) Skinner (Last)

4. DATE OF DEATH (Month) Feb. (Day) 6 (Year) 1949

5. SEX male | 6. COLOR OR RACE C | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Dec. 24, 1890 | 9. AGE last birthday 5758 yrs. | If under 1 year: Months 1, Days 6 | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —
10b. KIND OF BUSINESS OR INDUSTRY Truck Driver
11. BIRTHPLACE (State or foreign country) Easton Talbot Md
12. CITIZEN OF WHAT COUNTRY? —

13. FATHER'S NAME Samuel Skinner Easton Talbot Co. Md
14. MOTHER'S MAIDEN NAME Margaret Bennett Talbot Co. Md

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) —
16. SOCIAL SECURITY NO. 197-03-4109
17. INFORMANT John Thomas Easton Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremic Syphilis

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Same

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Same

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 2, 1948, to Feb 6, 1949, that I last saw the deceased alive on Feb 6, 1949, and that death occurred at 8:15 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Haymard T. Webb, M.D. 633 Dover St. Easton, Md 2/8

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 2/8/49 | NAME OF CEMETERY OR CREMATORY Easton | LOCATION (City, town, or county) (State) Easton Md

DATE REC'D BY LOCAL REG. 2/6/49 | REGISTRAR'S SIGNATURE N. A. Nevins | 24. FUNERAL DIRECTOR Earl W. Stafford | ADDRESS Easton Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
FEB 22 1949
BUREAU T. E.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore 331 02019

CERTIFICATE OF DEATH 1460 Reg. Dist. No. 240

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (In this place) 5 hrs 30 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Mem. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxford Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mattie (Middle) E. (Last) Smith (Mary E.)

4. DATE OF DEATH: (Month) Feb (Day) 12 (Year) 1949

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH:

9. AGE last birthday: 63 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min. 3 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H. W

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm Lacey Cox

14. MOTHER'S MAIDEN NAME: Mary Price

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. William Smith

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Vascular Accident — hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Essential Hypertension — yrs.

(c) Generalized Arteriosclerosis, Senility, Obesity — yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Small 2° Burn of forearm, Abrasion of nose — hrs.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home

(CITY OR TOWN) Oxford (COUNTY) Talbot (STATE) Md.

TIME OF INJURY (Month) 2 (Day) 12 (Year) 49 (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR? Injured at time of fall from C.S.A.

22. I hereby certify that I attended the deceased from 2-12-49, to 2-12-49, that I last saw the deceased alive on 2-12-49, and that death occurred at 5:30 P.M., from the causes and on the date stated above.

SIGNATURE Martin F Buell (Degree or title) M.D. ADDRESS Easton Md DATE SIGNED 2-14-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE 2/14/49 — NAME OF CEMETERY OR CREMATORY Upper Bandbury — LOCATION (City, town, or county) Trappe (State) Md.

DATE REC'D BY LOCAL REG. 2/13/49 — REGISTRAR'S SIGNATURE W. L. Nevius

24. FUNERAL DIRECTOR Elliott Peck — ADDRESS Easton Md.

Corrected Notification Mailed.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 22 1949
BUREAU V. S.

2/9

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

490 108

02020

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot Co — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton, Maryland | LENGTH OF STAY (in this place) 18 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Michaels, Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) Edward (Last) Trusty

4. DATE OF DEATH: (Month) Feb. (Day) 27 (Year) 19 49

5. SEX: F | 6. COLOR OR RACE: B | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): W | 8. DATE OF BIRTH: March 4, 1882 | 9. AGE last birthday: 66 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Talbot County | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jacob Trusty | 14. MOTHER'S MAIDEN NAME: Hesley Bozman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT: Martha Chaney

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Embolism	15 minute
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Empyema, rt. pleural cavity	3 weeks
	(c) Pneumonia, lobar rt.	5 weeks

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rib resection, thoracotomy and drainage. Rt. 9 wk. 4 days

19a. DATE OF OPERATION: 2/23/49 | 19b. MAJOR FINDINGS OF OPERATION: Large empyema cavity - thick creamy pus | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/9, 1949, to 2/27, 1949, that I last saw the deceased alive on 2/27, 1949, and that death occurred at 2:15 P m., from the causes and on the date stated above.

SIGNATURE James F. Wright (Degree or title) | ADDRESS Easton, Md | DATE SIGNED 7 March 1949

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/3/49	Colored Cemetery	St. Michaels. Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/28/49	M. H. Nevins	Newnam & Harrison	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 9 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

02021

2411 N. Charles Street, Baltimore 420.1 930

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH
COUNTY Talbot
STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Easton, Md.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Near Matthewstown

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland
COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Easton Md.
STREET ADDRESS (If rural, give location) Near Matthewstown

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) W. (Last) WOOD

4. DATE OF DEATH: (Month) C V (Day) 8 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Dec. 18, 1871

9. AGE last birthday: 67 yrs. If under 1 year: Months 2 Days 20 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Talbot County Md.

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13. FATHER'S NAME: James T. Wood

14. MOTHER'S MAIDEN NAME: Mary P. Wood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Lewis Rigby

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval Between Onset and Death: Immed.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive C-V disease — Years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Body found in yard on V-11-49

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended ~~the deceased from~~ ....., 19....., to ....., 19....., ~~that I last saw the deceased alive on~~ ....., 19....., and that death occurred at ?.....m., from the causes and on the date stated above.

SIGNATURE: Louis J. Kelly (Degree or title) M.D. ADDRESS: Easton Md. DATE SIGNED: V-11-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Feb. 14, 1949 — NAME OF CEMETERY OR CREMATORY: Spring Hill — LOCATION (City, town, or county): Easton — (State): Md.

DATE REC'D BY LOCAL REG. 2/12/49 — REGISTRAR'S SIGNATURE: M. A. Peirce

24. FUNERAL DIRECTOR: C. Ellis Clark — ADDRESS: Easton, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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FEB 22 1949
BUREAU V. S.